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## \*BIBDATASHEET\*

CONFIRMATION NO. 1659

Bib Data Sheet

SERIAL NUMBER 10/770,655	FILING DATE 02/03/2004  RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. USAV20010002USDIV1
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 10/076,191 02/14/2002  
 which claims benefit of 60/268,846 02/15/2001

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

UNITED KINGDOM 0119435.6 08/09/2001

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/01/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 11	TOTAL CLAIMS 2	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

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## TITLE

Method of treating of demyelinating diseases or conditions

☐ All Fees

<b>FILING FEE</b>  <b>RECEIVED</b> 770	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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